

Developing Comprehensive Partnerships for People with Mental Illness in the Criminal Justice System

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The Maryland Community Criminal Justice Treatment

- Purpose Program
- To provide comprehensive services to individuals with special needs who are involved with the criminal justice system.

MCCJTP Guiding Philosophies

- This population is part of our community and deserves treatment and community services.
- Public safety issues are paramount in the service delivery system.
- Holistic and coordinated treatment is most effective and efficient
- Local jurisdictions should have autonomy in program implementation, within state guidelines.
- All public service providers should contribute their share of services and resources to serve this population.

MCCJTP

- Maryland Community Criminal Justice Treatment Program began in 1992.
- Serves 23 Detention Centers
- Community Connections
- Each county that receives MCCJTP Funding must form a Local Advisory Board.

HUD SHELTER PLUS CARE

- Rental assistance for mental health consumers who are coming out of jail or under P & P
- Begun in 1995. MHA awarded a five year grant of \$5.5 million for 14 counties
- Awarded 9 additional expansion grants since 2001
- Currently renewed at \$2.8 million for 1 year
- Served 525 single adults, 266 families and 393 children since 1995
- Recidivism has consistently been 1% back to homelessness, 1% back to hospital, and less than 7% back to jail.

MHA's Shelter Plus Care Housing Program

- Tenant and/or sponsor-based rental assistance is provided to homeless individuals and families with an adult member who have a serious mental illness who are incarcerated in the local detention center or are in the community on the intensive caseloads of parole and probation.
- The Shelter Plus Care rental assistance is matched with an equal amount of supportive services provided by various agencies through state, local and federal funding.

MHA's Shelter Plus Care Housing Program

- Rental payments are made on behalf of the Shelter Plus Care participant. Each participant must pay up to 30% of their income towards rent and or utilities.
- Each individual in the program has a service plan, which is reviewed regularly with their case manager.
- A participant's involvement in supportive services is monitored by the local mental health authority and the Mental Hygiene Administration through monthly supportive services reports.

Types of Shelter Plus Care Programs

- Tenant-Based- Funding is initially provided for 5 years. After that, is annually renewed. Participants choose their own housing and the lease is in the consumer's name.
- Sponsor-Based- Funding is also initially 5 years. A sponsor agency or non-profit agency owns or leases the property and leases to the consumer.
- Project-Based- Rental assistance is provided to the owner of an existing structure. Rental subsidies are provided to the owner for 5 or 10 years. Participants do not receive rental assistance if they move out of housing project.
- Single Room Occupancy (SRO)- Provides 10 years of assistance in connection with the moderate rehabilitation of single room occupancy housing units.

How the Program Works



Shelter Plus Care Application Process

- Local Mental Health Authorities obtains applications from the MCCJTP case manager or a nonprofit agency and screens the application to determine eligibility.
- Applications are forwarded to MHA for approval or denial.
- Upon approval, the case manager assist consumers with locating housing, negotiating leases with landlords, arranging housing quality standards inspections, assisting consumers with applying for entitlements and linking to supportive services, and working with parole and probation and other community agencies.

Program Statistics & Accomplishments

- Under 1995 five-year grant, served 525 single individuals, 297 families, and 448 children.
- MHA currently awards \$3.2 million to local mental health authorities for S+C rental assistance.

Program Statistics

- Annually 1.9 - \$2.5 million in supportive services have been provided to SPC participants.
- 51% of the participants currently in the program have a co-occurring substance abuse disorder.
- 96% of participants who entered the program maintained permanent housing.
- Only 2% of the participants were hospitalized for psychiatric reasons.
- 3 - 7% recidivism rate for re-incarceration.

PATH - Projects for Assistance in Transition from Homelessness

- Provides outreach, screening and diagnostic services, case management, community mental health, alcohol and drug treatment services, supportive and supervisory services in residential settings, housing assistance, and consumer and staff training
- \$967,000 in State FY 2005
- 1,630 served
- In 21 counties & Baltimore City

Phoenix Project

- SAMHSA Jail Diversion Site 1997
- Served women with co-occurring disorders
- Pre and Post-booking diversion
- Mobile Crisis Unit
- Multi-Agency Partnership
- Located in Wicomico County

Conclusions and Impacts

- About 2/3 of women (68%) grew up in families in which one or both parents had active alcohol or substance abuse problems.
- About 24% grew up in families where one or both parents had a serious mental illness.
- Approximately 51% experienced childhood sexual abuse by a family member or someone outside the family prior to age 14.

Conclusions and Impacts - Continued

- About 43% experienced physical abuse by a family member prior to age 14.
- By age 14, 59% reported using alcohol and 44% had begun using marijuana,
- By age 17, 57% had become pregnant.
- By age 18, 74% had experienced their first indications of serious mental illness & 34% had made at least 1 suicide attempt.
- By age 18, 27% had been arrested at least 1 time

TAMAR PROGRAM

- SAMHSA Women and Violence Site
- Only site addressing the needs of incarcerated women
- Provides mental health, substance abuse, and trauma treatment for women in detention centers
- Began in 3 local detention centers
- Currently serving 8 sites
- Expansion in 2004 to include: 4 additional sites including Maryland Correctional Institute for Women

Tamar's Story

- In the Old Testament, Tamar was a daughter of King David. Tamar's half brother Amnon raped her. The author of II Samuel writes that afterwards she tore her clothes and went into her brother Absalom's house. She is not mentioned again. The Tamar's of today deserve better futures.

TAMAR stands for:

- Trauma
- Addictions
- Mental health
- And
- Recovery

Preparing for Implementation

- Trauma training for community agencies
- Trauma training for Correctional Officers and staff
- Correctional Cross-training for TAMAR clinical staff

TAMAR also includes extensive training for Correctional Staff:

- Understanding trauma
- Behaviors to look for
- Vicarious Traumatization
- Avoiding burnout
- Prevalence of abuse among inmates and probationers

Sustaining TAMAR

- Mental Hygiene Administration
- AIDS Administration
- Byrne Memorial Funding

Tamar's Children- Baltimore City

- Funded under SAMHSA “Build Mentally Healthy Communities” Grant
- Partnership with Baltimore City Mayor’s Office on Criminal Justice
- Designed to serve pregnant and post-partum incarcerated women and their infants
- Provides holistic care

Components of Tamar's Children

- Multi-agency collaboration, chaired by Hugh Mighty, M.D., Chief of OB/GYN at UM,B
- Services designed to enhance the environmental, ecological, and institutional health & growth of mothers & infants
- Clinical intervention addressing the affectional bond between the mothers and their babies (Circle of Security)

Services in Facility

- In last trimester, women will move to off-site facility
- Receive mental health, substance abuse, & trauma treatment, parenting supports, case management, and pre & post-natal care
- Participate in the Circle of Security

Circle of Security Intervention

- Group Interventions
- Careful & repeated review of videotapes of mother's interaction with baby.
- Assists in establishing a secure base & attachment
- Increases mother's awareness of events/behaviors

Services in the Community

- Intensive case management to transition into community
- Entitlements
- Housing-HUD's Shelter Plus Care
- Mental health, substance abuse, & trauma treatment
- Peer support group
- Continue with Circle of Security

Funding Sources for Tamar's Children

- SAMHSA - Build Mentally Healthy Communities Grant
- HUD - Shelter Plus Care Grant
- Open Society Institute
- Abell Foundation
- GOCCP - RSAT Funds (DOJ)
- State- In-Kind services
- City- In-Kind services

TAMAR Community Project

- Funded by Ryan White Title II funds
- Provide services for HIV positive women with histories of trauma, prostitution, and involvement in the justice system.
- Located in Sandtown/Winchester
- Anticipated opening in July 2005

Best Practices

- Become friends with your enemies
- Examine other sources of funding
- Make this population a priority
- Wardens/law enforcement/mental health can address county councils as partners
- Invite input from agencies that will be involved

Best Practices - Continued

- Be flexible
- Evaluate your program, get data
- Establish parameters, but do not micromanage
- Advocate at all levels for inclusions of individuals in the criminal justice system

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